

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|--|--------------------------|--------------|-----------|
| 1 Date of Request: | 2 Serial/Patent # | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> Filing | | | | \$ |
| <input type="checkbox"/> Amendment | | | | \$ |
| <input type="checkbox"/> Extension of Time | | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | | \$ |
| <input checked="" type="checkbox"/> Petition | | ✓ | 4/1/04 | \$ 130.00 |
| <input type="checkbox"/> Issue | | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | | \$ |
| <input type="checkbox"/> Maintenance | | | | \$ |
| <input type="checkbox"/> Assignment | | | | \$ |
| <input type="checkbox"/> Other | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 130.00 | |
| 8 TO BE REFUNDED BY: | | | | |
| <input type="checkbox"/> Overpayment | Treasury Check | | | |
| <input type="checkbox"/> Duplicate Payment | <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 11 -- 0600 | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | filing date Post Card Receipt | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: | | TITLE: | | Attorney |
| SIGNATURE: | | PHONE: | | 305 4497 |
| OFFICE: Petitions | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | |
| APPROVED: <i>Alicia Kelly</i> | | DATE: 4/21/04 | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B